

Chesterfield County
Volunteer Services
P.O. Box 40
Chesterfield, VA 23832
(804) 751-4142 or 748-1551

Position(s) Desired

CHESTERFIELD COUNTY VOLUNTEER APPLICATION

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ SSN _____

HOME
PHONE _____ WORKPHONE _____ BIRTHDATE _____

EDUCATIONAL
BACKGROUND: _____

EXPERIENCE (Volunteer
& Paid) _____

List two personal references (non-relatives):

1. Name: _____

Address: _____

Phone#: _____

Relationship: _____

2. Name: _____

Address: _____

Phone#: _____

Relationship: _____

INDICATE DAYS AND HOURS AVAILABLE

Morning

Afternoon

Evening

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

SATURDAY _____

SUNDAY _____

Indicate special skills and personal preferences (* - list specific skills):

☐ Accounting

☐ Carpentry

☐ Clerical*

☐ Computer*

☐ Drafting

☐ Horticulture

☐ Mechanical

☐ Performing Arts*

☐ Sports*

☐ Arts & Crafts

☐ Counseling Services*

☐ Elderly

☐ Fire Department

☐ Library

☐ Nursing Home

☐ Office

☐ Police Department

☐ Recreation Department

☐ Youth

☐ Other*

Special Interests and Hobbies: _____

Please explain briefly why you desire to be a volunteer. _____

Signature

Date